April 2, 2009 South Carolina Department of Health & Environmental Control

Division of Health Licensing

County: Dorchester

Facility Type: Adult Day Care

Facility Name Location Street Location City, State Administrator/Phone License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee

ADC-0249 / 12/31/2009

Dorchester / Limited Liability

Licensed Unit

40

AGING GRACEFULLY - SENIOR CARE SERVICES LLC

4003 LADSON RD

LADSON, SC 29456 4003 LADSON RD ROOMAN, ANGELA I PH#: 843-873-5121 LADSON, SC 29456

Fac. Cont. Email: ANGELAROOMAN@YAHOO.COM AGING GRACEFULLY - SENIOR CARE SERVICES LLC

Number of Participants 40

Totals For Facility/License Type Adult Day Care

Number of Activities/Facilities licensed: 1 Number Licensed Units 40

Division of Health Licensing

County: Dorchester

Facility Type: Ambulatory Surgery

Facility Name
License Nbr/Expiration Date
Location Street
County/Ownership Typ
Location City, State
Administrator/Phone
Licensee

Licensed Unit

LOWCOUNTRY OUTPATIENT SURGERY CENTER ASF-0089 / 08/31/2009

93-A SPRINGVIEW LN Dorchester / Ltd. Liability

SUMMERVILLE, SC 29485-0000 93-A SPRINGVIEW LN MCQUISTON, JOYCE A PH#: 843-285-6060 SUMMERVILLE, SC 29485

Fac. Cont. Email:JOYCE.MCQUISTON@LOWCOUNTRYORTHO.COM LOWCOUNTRY OUTPATIENT SURGERY CENTER

Operating Rooms 2 Procedure Rooms 0 Endoscopy Rooms

| Totals | For | Facility/License | Type | Ambulatory | Surgery |
|--------|-----|------------------|------|------------|---------|
| | | | | | |

Number of Activities/Facilities licensed: 1 Number Licensed Units 2

County: Dorchester

Facility Type: Body Piercing

Facility Name Location Street Location City, State Administrator/Phone License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee

Licensed Unit

1

BODY PIERCING BY HOLLY

100 TROLLY RD STE H

SUMMERVILLE, SC 29485

SUMMERVILLE, SC 29485

GAMBLIN, HOLLY A PH#: 843-871-6646

Fac. Cont. Email:CGAMBLIN@SC.RR.COM

BP-0191 / 01/31/2010 Dorchester / Sole Proprietorship 105 SYLVAN TERRACE SUMMERVILLE, SC 29485

HOLLY ANN GAMBLIN

| Totals For Facility/License Type | Body Piercing | |
|--------------------------------------|---------------|-----------------------|
| Number of Activities/Facilities lice | ensed: 1 | Number Licensed Units |

County: Dorchester

| Facility Type: Community Resid | lential Care | Facility |
|--------------------------------|--------------|----------|
|--------------------------------|--------------|----------|

| Facility Name Location Street Location City, State Administrator/Phone | License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee | Licensed Unit | |
|--|---|---------------|--|
| ANTONIO-STAPLES RESIDENTIAL CARE FACILITY INC | CRC-0706 / 03/31/2009 (Renewal | 24 | |
| 10745 HWY 78 | Dorchester / Corporation | | |
| SUMMERVILLE, SC 29483 | 10745 HWY 78 | | |
| STAPLES, ERMELINDA M PH#: 843-821-8912 | SUMMERVILLE, SC 29483 | | |
| Fac. Cont. Email:ANTINIOSTAPLESRCF@COMCAST.NET | ANTONIO-STAPLES RESIDENTIAL CARE FAC | ILITY INC | |
| Certifications:None | | | |
| CYPRESS HOUSE | CRC-1411 / 11/30/2009 | 44 | |
| 205 MIDLAND PKWY | Dorchester / Corporation | | |
| SUMMERVILLE, SC 29485 | 205 MIDLAND PKWY | | |
| CARLETON, KELLY PH#: 000-000-0000 | SUMMERVILLE, SC 29485 | | |
| Fac. Cont. Email:ADMIN.OA.SC@PALMETTOLTC.COM | ASSISTED LIVING CONCEPTS INC | | |
| Certifications:Alzheimer Care | | | |
| MAGNOLIAS OF SUMMERVILLE | CRC-1414 / 05/31/2009 | 60 | |
| 335 MIDLAND PKWY | Dorchester / Ltd. Liability | | |
| SUMMERVILLE, SC 29485-8138 | 335 MIDLAND PKWY | | |
| MEDEIROS, ANNETTE R PH#: 843-821-4122 | SUMMERVILLE, SC 29485-8138 | | |
| Fac. Cont. Email:TBRAZEN@BELLSOUTH.NET | CAROLINA RETIREMENT SERVICES OF SUMM | ERVILLE L L C | |
| Certifications:None | | | |
| ROYAL OAKS RESIDENTIAL CARE | CRC-0859 / 03/31/2010 | 53 | |
| 950 TRAVELERS BLVD | Dorchester / Corporation | | |
| SUMMERVILLE, SC 29485 | 950 TRAVELERS BLVD | | |
| KILMER, CATHERINE O PH#: 843-832-8481 | SUMMERVILLE, SC 29485 | | |
| Fac. Cont. Email:No Fac Cont. email on record | ROYAL OAKS RESIDENTIAL CARE INC | | |
| Certifications:Alzheimer Care | | | |
| SHEPHARD S CARE RESIDENTIAL FACILITY | CRC-1476 / 05/31/2009 | 5 | |
| 141 HUDSON RD | Dorchester / Corporation | | |
| SAINT GEORGE, SC 29477 | 141 HUDSON RD | | |
| HEZEKIAH, CATHERINE PH#: 843-563-8959 | SAINT GEORGE, SC 29477 | | |
| Fac. Cont. Email:No Fac Cont. email on record | SHEPHARDS CARE RESIDENTIAL FACILITY | | |
| Certifications:None | | | |
| VILLAGE AT SUMMERVILLE | CRC-0245 / 09/30/2009 | 114 | |
| 201 W 9TH NORTH ST, UNIT 140 | Dorchester / Non-Profit Corporat | ion | |
| SUMMERVILLE, SC 29483 | 201 W 9TH NORTH ST, UNIT 140 | | |
| FIELDS, RICHARD E PH#: 843-873-2550 | SUMMERVILLE, SC 29483 | | |
| Fac. Cont. Email:No Fac Cont. email on record | PRESBYTERIAN HOME OF SOUTH CAROLINA | | |
| Fac. Conc. Email No rae conc. email on record | | | |

County: Dorchester

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee

Licensed Unit

| Totals For Facility/License Type Community | Residential Care Facility |
|--|-----------------------------|
| Number of Activities/Facilities licensed: | 6 Number Licensed Units 300 |

County: Dorchester

Facility Type: Habilitation R15

Facility Name License Nbr/Expiration Date Location Street County/Ownership Typ Mailing/Billing Addres Location City, State Administrator/Phone Licensed Unit Licensee PARSONS I GROUP HOME MR15-0215 / 06/30/2009 711 PARSONS RD Dorchester / State SUMMERVILLE, SC 29483-3359 PO BOX 4706 CLARK, BETTY PH#: 843-821-2877 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS Fac. Cont. Email:JHITCHMAN@BELLSOUTH.COM PARSONS II GROUP HOME MR15-0216 / 06/30/2009 8 707 PARSONS RD Dorchester / State SUMMERVILLE, SC 29483-3359 PO BOX 4706 CLARK, BETTY PH#: 843-821-2876 COLUMBIA, SC 29240-4706 Fac. Cont. Email:JHITCHMAN@BELLSOUTH.COM SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

| Totals For Facility/License Type Habilitation R15 | | |
|---|----|--|
| Number of Activities/Facilities licensed: 2 Number Licensed Units | 16 | |
| | | |

County: Dorchester

Facility Type: Habilitation R16

Facility Name License Nbr/Expiration Date Location Street County/Ownership Typ Mailing/Billing Addres Location City, State Administrator/Phone Licensed Unit Licensee COASTAL CENTER-HIGHLANDS 510 MR16-0342 / 05/31/2009 18 9995 MILES-JAMISON RD Dorchester / State SUMMERVILLE, SC 29485 PO BOX 4706 ANSAH, ROCHELLE PH#: 843-873-5750 COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS Fac. Cont. Email:No Fac Cont. email on record COASTAL CENTER-HIGHLANDS HILLSIDE MR16-0310 / 06/30/2009 192 9995 MILES-JAMISON RD Dorchester / State SUMMERVILLE, SC 29485 PO BOX 4706 FIELDS, CLAUDETTE L PH#: 843-873-5750 COLUMBIA, SC 29240-4706 Fac. Cont. Email: EHICKEY@DDSN.GOV SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

| Totals For Facility/License Type Habilitation R16 | |
|---|-----|
| Number of Activities/Facilities licensed: 2 Number Licensed Units | 210 |
| | |

Division of Health Licensing

County: Dorchester

Facility Type: Home Health

Facility Name Location Street Location City, State Administrator/Phone License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee

HHA-0138 / 01/31/2010

PO BOX 5599

Dorchester / Corporation

FLORENCE, SC 29502-5599 HOME HEALTH OF SOUTH CAROLINA INC Licensed Unit

HOME HEALTH OF SOUTH CAROLINA INC - LOWCOUNTRY

109 BURTON AVE STE D

SUMMERVILLE, SC 29483-0000

FUENTES JR, AGUSTIN PH#: 843-679-7060

Fac. Cont. Email:No Fac Cont. email on record

Counties Served Berkeley, Dorchester License Restrictions

Physical Therapy Y Speech Therapy: Y Occupational Therapy Y Med. Social Services Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment N

Other:

Totals For Facility/License Type Home Health

Number of Activities/Facilities licensed:

Number Licensed Units

County: Dorchester

Facility Type: Hospital or Institutional General Infirmary

Facility Name License Mbr/Expiration Date Location Street County/Ownership Typ Location City, State Mailing/Billing Addres

Administrator/Phone Licensee Licensed Unit

LIEBER CORRECTIONAL INSTITUTION INFIRMARY HTL-0874 / 04/30/2009

136 WILBORN AVE Dorchester / State

RIDGEVILLE, SC 29472 PO BOX 205

POWELL, JOSEPH PH#: 843-875-3332 RIDGEVILLE, SC 29472

Fac. Cont. Email:NONE SC DEPT OF CORRECTIONS

Licensed Beds: General: 10 Psychistric: 0 Rehab: 0 Substance Abuse 0

Other Beds NICU: 0 Neonatal Special Care 0

Certifications:None

SUMMERVILLE MEDICAL CENTER HTL-0780 / 04/30/2009 94

295 MIDLAND PKWY Dorchester / Ltd. Liability

SUMMERVILLE, SC 29485 295 MIDLAND PKWY

JOHNSON, PATRICIA C PH#: 843-832-5101 SUMMERVILLE, SC 29485

Fac. Cont. Email: PEARCE. FLEMING@HCAHEALTHCARE.COM TRIDENT MEDICAL CENTER LLC

Licensed Beds: General: 94 Psychistric: 0 Rehab: 0 Substance Abuse 0

Other Beds NICU: 0 Neonatal Special Care 3

Certifications: Abortions, Perinatal Level II, JCAHO Accredited

Totals For Facility/License Type Hospital or Institutional General Infirmary

Number of Activities/Facilities licensed: 2 Number Licensed Units 104

9

County: Dorchester

Facility Type: Nursing Home

Facility Name License Nbr/Expiration Date
Location Street County/Ownership Typ
Location City, State Mailing/Billing Addres

Administrator/Phone Licensee Licensed Unit

HALLMARK HEALTHCARE CENTER NCF-0932 / 09/30/2009

255 MIDLAND PKWY Dorchester / Ltd. Liability

SUMMERVILLE, SC 29485 255 MIDLAND PKWY

STINSON, DURENA PH#: 843-821-5005 SUMMERVILLE, SC 29485

Fac. Cont. Email:ADMIN.HASU.SC@PALMETTOLTC.COM PALMETTO HALLMARK OPERATING L L C

Licensed Beds Nursing Home 88 Institutional Nursing Home 0

Certifications:None

OAKBROOK HEALTH & REHABILITATION CENTER NCF-0923 / 09/30/2009 88

920 TRAVELERS BLVD Dorchester / Ltd. Liability

SUMMERVILLE, SC 29485 920 TRAVELERS BLVD
SIMMONS, TEDDIE PH#: 000-000-0000 SUMMERVILLE, SC 29485

Fac. Cont. Email: ADMIN.PR.SC@PALMETTOLTC.COM PALMETTO OAKBROOK OPERATING L L C

Licensed Beds Nursing Home 88 Institutional Nursing Home 0

Certifications:None

PRESBYTERIAN HOME OF SOUTH CAROLINA - SUMMERVILLE NCF-0202 / 04/30/2009 87

201 W 9TH NORTH ST, UNIT 140 Dorchester / Non-Profit Corporation SUMMERVILLE, SC 29483 201 W 9TH NORTH ST, CMR PO BOX 140

MILLER, ROBIN C PH#: SUMMERVILLE, SC 29483

Fac. Cont. Email:No Fac Cont. email on record PRESBYTERIAN HOME OF SOUTH CAROLINA INC

Licensed Beds Nursing Home 87 Institutional Nursing Home 0

Certifications:None

ST GEORGE HEALTHCARE CENTER NCF-0924 / 09/30/2009 88

905 DUKES ST Dorchester / Ltd. Liability

ST GEORGE, SC 29477-2059 905 DUKES ST

DAVIS, NITA J PH#: ST. GEORGE, SC 29477-2059

Fac. Cont. Email:No Fac Cont. email on record PALMETTO ST GEORGE OPERATING L L C

Licensed Beds Nursing Home 88 Institutional Nursing Home 0

Certifications:None

Totals For Facility/License Type Nursing Home

Number of Activities/Facilities licensed: 4 Number Licensed Units 351

County: Dorchester

Facility Type: PSAD Outpatient

Facility Name Location Street Location City, State Administrator/Phone License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee

Licensed Unit

DORCHESTER ALCOHOL AND DRUG COMMISSION

500 N MAIN ST STE 4 SUMMERVILLE, SC 29483

MILLER, SAMUEL J PH#: 843-871-4790 Fac. Cont. Email:TFSMITH@DADC.ORG

OTP-0015 / 06/30/2009

Dorchester / County

500 N MAIN ST STE 4

SUMMERVILLE, SC 29483

DORCHESTER ALCOHOL AND DRUG COMMISSION

Certifications:None

| Totals | For Facility/License Type | PSAD Outpatien | ıt | | | | |
|-----------|----------------------------|----------------|--------|----------|---------|---|--|
| Number of | Activities/Facilities lice | ensed: 1 | Number | Licensed | Units [| 2 | |
| | | | | | | | |

County: Dorchester

Facility Type: Renal Dialysis

Facility Name Location Street Location City, State Administrator/Phone

License Nbr/Expiration Date County/Ownership Typ Mailing/Billing Addres Licensee

Licensed Unit

JEDBURG DIALYSIS

2897 W 5TH NORTH ST SUMMERVILLE, SC 29483 CARSON, BETSY C PH#:

Fac. Cont. Email:No Fac Cont. email on record

ERD-0183 / 11/30/2009

18 Dorchester / Limited Liability Company (single

22

member) 5200 VIRGINIA WAY 4TH FLR

BRENTWOOD, TN 37027

JEDBURG DIALYSIS LLC

Licensed Stations: Hemodialysis: Peritoneal: 17 0

RAI - BURTON - SUMMERVILLE 109 BURTON AVE, STE A

SUMMERVILLE, SC 29485

Licensed Stations:

PAZIK, HARRIET S PH#: 843-875-9800

Fac. Cont. Email:SAMKOPTA@RENALADVANTAGE.COM

ERD-0153 / 09/30/2009

Dorchester / Ltd. Liability

C/O RENAL ADVANTAGE INC., 115 EASTPARK DR STE

300

Peritoneal:

BRENTWOOD, TN 37027-2311

RAI CARE CENTERS OF SOUTH CAROLINA I L L C

Totals For Facility/License Type Renal Dialysis

Hemodialysis:

Number of Activities/Facilities licensed:

2

22

Number Licensed Units

Division of Health Licensing

County: Dorchester

Facility Type: Residential Treatment for Children & Adolescents

Facility Name License Nbr/Expiration Date Location Street County/Ownership Typ Location City, State Mailing/Billing Addres

Licensed Unit Administrator/Phone Licensee

PALMETTO PINES BEHAVIORAL HEALTH RTF-0017 / 01/31/2010 225 MIDLAND PKWY Dorchester / Corporation

SUMMERVILLE 29485 225 MIDLAND PKWY

ZIMMERMAN, BEVERLY MCBEE PH#: 843-747-5830 SUMMERVILLE, SC 29485

Fac. Cont. Email:No Fac Cont. email on record ABS LINCS SC INC

| Totals For Facility/License Type Residential Treatment for Children & . | Adolescents |
|---|-------------|
| Number of Activities/Facilities licensed: 1 Number Licensed Units | 60 |
| | |

County: Dorchester

Facility Type: Tattoo Facility

Facility Name License Nbr/Expiration Date Location Street County/Ownership Typ Mailing/Billing Addres Location City, State Administrator/Phone Licensed Unit Licensee HOLLY'S BODY CANVAS TF-0003 / 04/30/2009 10 10150 DORCHESTER RD STE 213 Dorchester / Sole Proprietorship SUMMERVILLE, SC 29485 105 SYLVAN TERRACE GAMBLIN, HOLLY A PH#: 843-873-2662 SUMMERVILLE, SC 29485 HOLLY ANN GAMBLIN Fac. Cont. Email:CGAMBLIN@SC.RR.COM IVORY TIGER TATTOO 3 TF-0067 / 05/31/2009 1905 N MAIN ST Dorchester / Limited Liability SUMMERVILLE, SC 29183 1905 N MAIN ST DWYER, RAYMOND PH#: 843-821-8145 SUMMERVILLE, SC 29183 Fac. Cont. Email: No Fac Cont. email on record DIXIE DERMAGRAPHIC DESIGNS LLC

Totals For Facility/License Type Tattoo Facility

Number of Activities/Facilities licensed: 2 Number Licensed Units 13

Number of Activities/Facilities licensed in county of Dorchester # Lics 26

Number Licensed Units: 1,141

Report Total

Total Number of Activities/Facilities licensed 26 Total Number Licensed Units 1,141

14

hlfactcc.rdf